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Enfield Local Outbreak Control Plan (LOCP)

This plan is maintained and updated by members of the Local Authority Outbreak Control Team (OCT). Members of the Local Authority OCT should approve any changes to the plan.

Version Control.

Version number	Actioned by	Type of change	Date
1.0	Glenn Stewart	Full plan draft	15/06/20
2.0	Glenn Stewart	Updates following comments	23/06/20

Review and Exercise Record

This plan will be reviewed annually or as required following learning from outbreaks.

Initial testing of the plan will take place via a workshop with scenario-based testing with the Outbreak Control Team. This will validate the plan, develop staff competencies and give them practice in carrying out their roles and to test procedures. Ongoing training will be dependent on an increasing incidence of COVID-19 cases and the mobilisation of surge capacity.

Exercise record:

Date	Type	Details
TBC	Workshop	

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1. BACKGROUND

1.1 Introduction

The NHS Test and Trace service launched on 28 May 2020 across England and forms a key part of the government's COVID-19 recovery strategy. It aims to control the COVID-19 rate of reproduction (R) and reduce the spread of infection and save lives.

Anyone who now tests positive for COVID-19 will be contacted by NHS Test and Trace and will be asked to share information about their recent interactions. Those who are identified to have been in close contact with a confirmed case of COVID-19 and thus at risk of having contracted the virus, will be alerted by the NHS Test and Trace service and advised to self-isolate for 14 days, even if they do not have symptoms, to stop unknowingly spreading the virus. This will be complemented by the rollout of the NHS COVID-19 App.

Moving forward, contact tracing (NHS Test and Trace) will become a core component of England's response to COVID-19. NHS Test and Trace will require an expansion of our local outbreak support capacity working in close collaboration with PHE. The Council will take a lead in supporting local settings or communities with complex outbreaks, where local knowledge and insight is required.

This local plan sets out how the London Borough of Enfield will respond to outbreaks and support the management of cases in liaison with the London Covid Response Cell (LCRC). This plan focuses on identifying and containing potential outbreaks in places such as workplaces, accommodation settings, care homes and schools, ensuring testing capacity is deployed effectively and helping the most vulnerable in self-isolation access essential services locally.

It also supports an integrated approach between local and national government, with a range of other partners such as the NHS, GPs, businesses, employers, voluntary organisations, community partners, and the general public. Terms referred to in this plan are defined in the glossary found in Appendix 1.

1.2 Aim & Objectives

The aim of this plan is to provide a framework for the multi-agency response to COVID-19 outbreaks that occur within the London Borough of Enfield.

The key objectives of the plan are:

- To define the roles and responsibilities of key stakeholders in responding to outbreaks of COVID-19.
- To outline how the council, and other key local stakeholders, will work with Public Health England and in particular the LCRC in responding to outbreaks of COVID-19.
- To plan for local outbreaks in identified settings

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- To outline the response and support to a number of linked cases or outbreak within identified settings
- To identify methods for local testing to ensure a swift response that is accessible to, and supports, the entire population, including those that are isolated.
- To summarise the plan for stand down and recovery.

1.3 Scope and Plan Limitations

This plan is intended as a response for COVID-19 specific outbreaks. It is not intended to be used as a plan for:

- Other types of communicable disease incidents or outbreaks.
- Outlining in detail the Public Health England response to COVID-19 and the Test and Trace Service.

1.4 Equalities Statement

In preparing this plan, care has been taken to promote fairness, equality and diversity, regardless of disability, ethnic origin, race, gender, age, religious belief or sexual orientation.

A data review conducted by Public Health England has highlighted that the impact of COVID-19 has been to replicate existing health inequalities and has in some cases increased them[1]. The following inequalities were observed amongst confirmed cases of COVID-19:

- Age: people aged 80 or over were seventy times more likely to die than those aged under 40.
- Gender: risk of dying was higher men
- Deprivation: risk of dying was higher for people living in more deprived areas compared to those living in the least deprived areas.
- Ethnicity: Black, Asian and Minority Ethnic (BAME) groups had a higher risk of dying than those in White ethnic groups.

2. GOVERNANCE FOR MANAGING AN OUTBREAK OF COVID-19

2.1 Roles and responsibilities of agencies and organisations in responding to COVID-19 outbreak

Agency or organisation	Roles and Responsibilities
NHS Test & Trace	• Provide testing of suspected cases of COVID-19 • Call handlers make initial contact (tier 3) • NHS professionals undertake initial contact tracing of confirmed cases (tier 2). If a risk assessment identifies the

[1] Public Health England (2020). Disparities in the risk and outcomes of COVID-19

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/889861/disparities_review.pdf

	need for a specialist input (tier 1) this would then be referred to the LCRC.
Public Health England London Coronavirus Response Cell (PHE LCRC) **Tier 1**	**The LCRC is a pooled PHE resource from the three London Health Protection Teams will be responsible for:** • Initial detection of an outbreak from routine surveillance or ad hoc reporting • Initial risk assessment, escalation (if required) and notification to partners • Lead the initial response and investigation in order to allow an accurate risk assessment to be undertaken to inform any actions that may be necessary • Provide specialist health protection advice and manage cases and contacts, testing and infection control • Provide information materials to the setting affected • Recommend ongoing infection control measures • Convene an Incident Management Team (IMT) if required for specific high-risk complex situations, and also contribute to any IMTs convened by Local Authority • Provide information to Director of Public Health and advice/recommendations for ongoing support • Liaise with other sources of specialist advice, at PHE and from other experts/professionals • Ensure appropriate escalation of the incident where there is a wider geographical spread or increased seriousness of the threat to public health • PHE also provides system leadership and surveillance, some of this will take place at a national level.
Local Authority	• Lead role in protecting and improving health of the population across their jurisdiction • The Director of Public Health has a leadership role for the Local Authority contribution to health protection matters, including preparing for and responding to incidents that present a threat to public health • Supporting the LCRC in their initial response and investigation in order to allow an accurate risk assessment to be undertaken to inform actions that may be necessary • Deliver COVID-19 prevention work and respond to COVID-19 related enquiries • Ensure appropriate Local Authority representation at Incident Management Team (IMT) meetings if convened by LCRC • Providing Public Health advice to the LCRC IMT, particularly with regards to the vulnerability and resilience of the local community • Briefing the LCRC IMT on levels of media interest, in terms of both traditional channels and social media • Advising the LCRC IMT on issues relating to public information, especially in the communication of risk • Convene a local authority IMT if required for community cluster

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	• Statutory duty to investigate infectious disease linked to workplace settings, undertake inspections, regulate workplace risk assessment processes and exercise powers under the Health and Safety at Work Act 1974, where they are the Health and Safety enforcement authority • Ensuring that contracted providers deliver an appropriate clinical response to any incident that threatens the Public's Health • Ensuring Business Continuity impacts are monitored and that the Council is able to continue to deliver on its priority services • Consider the authorisation of variations to contractual obligations where necessary, to respond to communicable disease outbreaks and incidents not covered by Major Incident clauses

2.2 Oversight for local outbreak management (subject to ratification)

There are two groups for managing local outbreaks. The Community Resilience Board will maintain oversight of all local outbreaks and provide strategic oversight. The Incident Management Team will be convened only in response to specific complex outbreaks where it is necessary to bring together a wider group of stakeholders.

2.2.1 Community Resilience Board (CRB)

The purpose of the Community Resilience Board (CRB) will be to review all outbreaks where LCRC has requested Local Authority support or management. The Outbreak Control Team (OCT) will be responsible for coordinating the local support response and following Standard Operating Procedure's (SOP) outlined in Appendix 3. The team will convene virtually on a regular basis (initially daily in the face of an ongoing incident). The chair of the OCT will attend the CRB to ensure full community engagement to incident responses. The Terms of Reference for the OCT is available in Appendix 2.

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The core membership of the CRB is:

Cllr Nesil Caliskan	Chair, Leader of the Council
Cllr Ian Barnes	Vice-Chair, Deputy Leader of the Council
Jo Ikhelef	Chief Executive, Enfield Voluntary Action
Pamela Burke	Chief Executive, Enfield Carers Centre
Nnenna Anyanwu	CEO, Citizens Advice Enfield
Ben Ingber	CEO, Age UK Enfield
Kerry Coe	North Enfield Food Bank
Anne Elkins	The Felix Project
Fazilla Amide	Healthwatch Enfield
Tony Watts	Enfield Over 50's Forum
Simon Gardner	Lead Project Manager, Enfield Council
Fay Hammond	Acting ED of Resources
Ailbhe Bhreathnach	Public Health Strategist, Enfield Council
David Greely	Head of Communications
Lee Shelsher	Head of Libraries
Cheryl Headon	Head of Schools Traded Services
Sally Sanders	Head of Financial Assessment)
Nancie Alleyne	Service Development Manager, Adult Social Care
Shaun Rogan	Head of Corporate Strategy
Heather Littler	Resources Team, Enfield Council

COVID-19 OCT Operational Management (reports into CRB)

Officer Composition

Name	**Role**	**Contact**
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Borough Directorate	TBC – Liaison with Primary Care	
Hannah Logan - Islington PH	Testing	Hannah.Logan@islington.gov.uk
Helen Saunders- North Middlesex University Hospital NHS Trust	Liaison with acute sector	Helen.saunders8@nhs.net
Alka Maru – Public Health England	Liaison with PHE	Alka.Maru@phe.gov.uk

2.2.2 Incident Management Team (IMT)

For the purpose of this plan, the term 'Incident Management Team' (IMT) will be used to describe the group convened either by LCRC and / or by the local authority OCT to manage complex high-risk groups and community clusters.

The purpose of the IMT is to agree and coordinate the activities of the key stakeholders involved to manage the investigation and control of an individual outbreak situation. This includes assessing the risk to the public's health and ensure control measures are implemented as soon as possible.

Convening the IMT

The LCRC will normally be the agency to ask the Local Authority to convene the IMT and act as its chair. It would only be appropriate to convene the OCT if there was a major outbreak or community cluster:

a) there are a large number of associated cases within a setting or community

b) the setting is high risk and initial control measures have not successfully contained the outbreak

For lesser outbreaks, Public Health and Environmental Health teams will decide on the appropriate level of co-ordination. Section 3 outlines the principles of outbreak management and control, however serious.

The IMT will consist primarily of members of the OCT but may invite relevant Heads of Service appropriate to settings and / or vulnerable populations. Should demand for resource threaten to overwhelm IMT / OCT capacity requests will be made through

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appropriate channels. This may include, for example, more staff to undertake contact tracing.

2.3 COVID-19 Outbreak Declaration & Alert Mechanisms

This section details the procedures for the notification and management of outbreaks and community clusters.

2.3.1 Outbreak management

Recognition of an outbreak

An outbreak of COVID-19 is defined as two or more cases that have tested positive for COVID-19, which are linked through common exposure, personal characteristics, time or location.

In care homes, an outbreak is defined as one case that has tested positive for COVID-19 in the setting. The OCT may be informed by:

- LCRC notification (direct telephone call or daily emailed line list)
- The setting
- Commissioners

The majority of outbreaks are “family outbreaks” affecting members of a single household but, within the context of sustained community transmission of COVID-19, these are not considered of sufficient risk to warrant management by the OCT.

“General outbreaks” affecting more than one household or based within a wider setting or community are the focus of this plan.

Once the OCT are notified that there is a general outbreak, the OCT are responsible for ensuring that all key information is gathered and stored securely in the OCT Assure case management system.

On the day that an outbreak is notified, steps must be taken to start managing the outbreak.

A risk assessment must be undertaken immediately to assess whether it is necessary to convene an IMT or to involve communications and/or emergency planning colleagues to support.

Figure 1 below sets out the flow of information and action between the outbreak setting, LCRC and the local authority.

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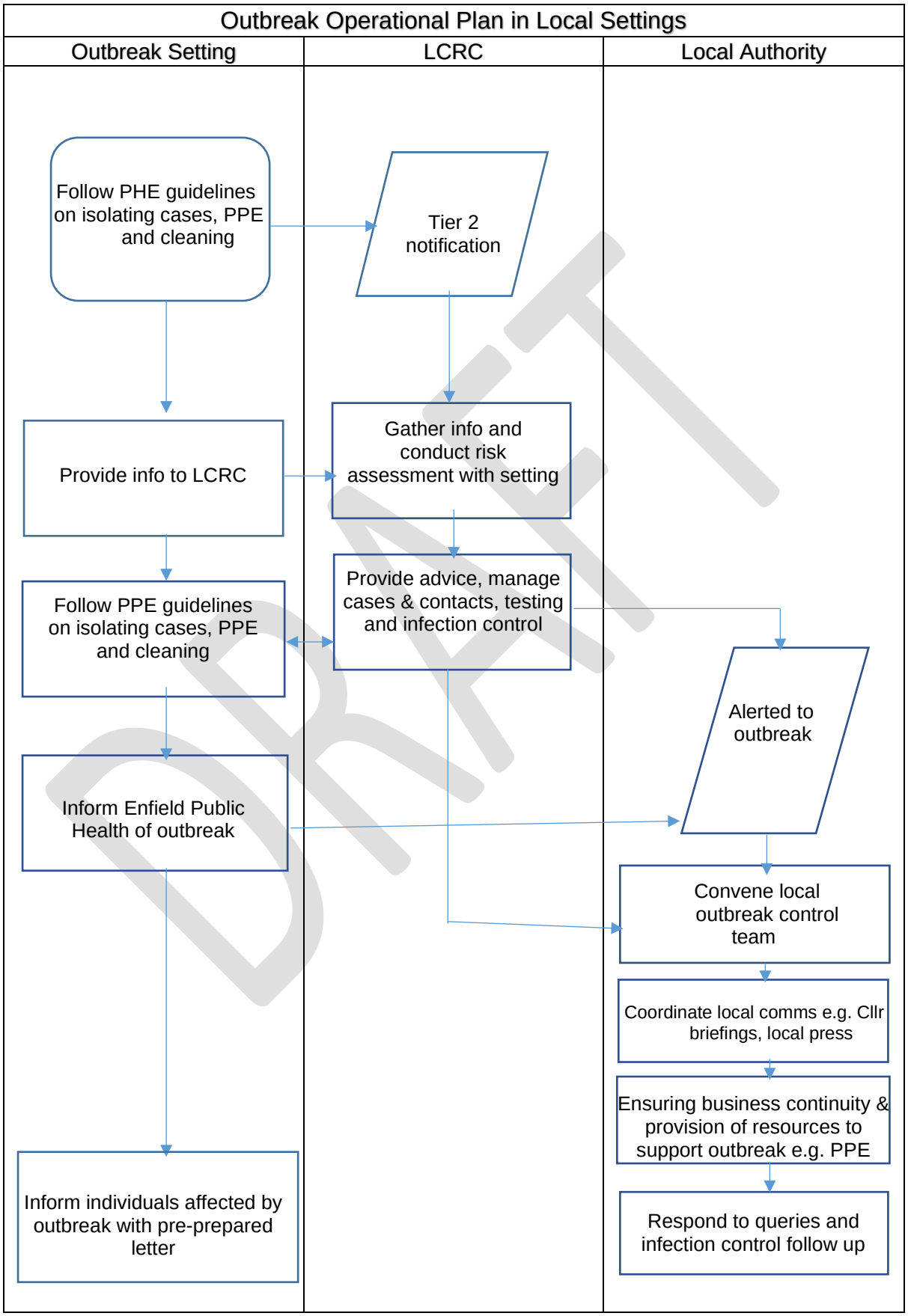
Figure 1. Operational Plan for general COVID-19 outbreak in local settings



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2.3.2 Community Cluster

A community cluster is a number of confirmed cases linked by geographical location or other similar characteristic e.g. linked to a neighbourhood or community group, specific buildings, or groups with social links e.g. through language or common interest. Interventions will depend on the common link between individuals in the cluster (e.g. all live within one building or linked by common social interaction).

The management of community clusters will follow the same process as for an outbreak (detailed in section above). The key difference is that in the community clusters, the local authority will undertake a risk assessment of and response to an identified community cluster with the support of LCRC. The local authority, in place of LCRC, will also convene an IMT and provide support to the community.

2.4 Data flow, reporting and data governance

Data will flow from a Single Point of Contact (SPoC) in the LCRC and in the local authority to facilitate data flow, communication and follow up. Any Test, Track and Trace Tier 2 and 3 data received locally, will be saved in a secure network. Data will be analysed to produce routine statistics for monitoring purposes and shared in an aggregate form within the organisation.

Published data on contact and tracing will also be used to monitor the local situation.

All information on complex outbreaks including setting, details of contacts, cases and actions taken to be held on a held on a secure system in a systematic way that makes information retrievable. Information on complex outbreaks to be shared with teams and services as needed to manage the outbreaks.

3. LOCAL AUTHORITY CONTROL MEASURES

This section details the actions and recommendations that the OCT will take to support and manage outbreaks and community clusters of COVID-19.

3.1 Interventions

A range of interventions are available to the OCT in planning the response to COVID-19 outbreaks and controlling the identified risks. These interventions are complimentary to those implemented by the LCRC.

I. <u>Support for a setting where there has been an exposure to a suspected case of COVID-19</u>

   This will include public responding to specific questions as well as providing standardised guidance on next steps for the setting, both in term of anyone who is symptomatic and close contacts within that setting. This support would be provided to both providers and commissioners (where appropriate).

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II. Support for a single case in a complex setting

This will include prevention interventions such as the sharing of communications and national guidance, and supporting the setting with any enquiries, for example those relating to the implementation of guidance. Additional support will be provided to vulnerable people who require it during self-isolation. The OCT will liaise with the setting to provide ongoing advice and support for testing, communications, infection control and PPE. The OCT will also liaise with partners such as North Central London CCG, the Borough Directorate, GPs and other healthcare providers to provide coordinated support to the setting, where required.

III. Support for first report of outbreak or community cluster

In addition to the support provided for a single case in a complex setting the OCT will provide more intensive infection prevention and control advice. Where necessary, the OCT will provide advice on excluding multiple groups or recommend closure of the setting where appropriate. Further communication support will be provided to manage any press enquiries, communications with the public and briefings.

IV. Support for ongoing outbreaks and community clusters

In addition to the support provided for the first report of an outbreak the OCT will audit the settings outbreak mitigation processes and support the setting to improve them. The OCT will also provide advice on the closure of the setting. Ongoing communications support will be provided to manage any media interest, share information with the public and stakeholders, and to support briefings.

V. Intervention around those who refuse to be tested

Public Health will provide information to settings to share with those refusing to access testing to support them to making an informed decision, further details of which can be found in Appendix 5. If testing is still refused, a risk assessment will be undertaken to determine whether further self-isolation of any close contacts of those refusing testing is required (e.g. other members of the class "bubble" in an educational setting).

VI. Intervention around those who refuse to self-isolate

Public Health will develop guidance to support settings where there are individuals refusing to self-isolate, further details of which can be found in Appendix 5. If individual residents are non-compliant with self-isolation advice, EHOs have powers to visit local properties to gather more information and the local OCT will consider liaising with PHE to invoke new public health detention powers (subject to expected forthcoming legislation).

VII. Intervention to alert individuals identified as close contacts whom NHS Test and Trace has failed to contact

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Where appropriate and feasible Environmental Health Officers and Public Health LBE staff will seek to contact those who the NHS Test and Trace Service has failed to contact.

3.2 Tailored intervention for specific settings and community clusters

Standard operating procedures have been developed to manage risks that COVID-19 cases pose within each setting and for local community clusters. These SOPs are provided in Appendix 3. An overview of these situations and their key characteristics are provided in the table below.

Table 1: Key characteristics of settings with outbreak control plans

Setting	Key characteristics
Residential care settings	• Agency staff working across multiple sites • Vulnerability of residents, including older adults and those with complex health and care needs • Have experienced a higher incidence of COVID-19 outbreaks • Systems for managing outbreaks are already in place • Challenges associated with enforcing social distancing and/or self-isolation within these settings
Schools, nurseries and children's centres	• Bubbles (groups of c.15 children) being implemented for teaching / play • Schools have recently opened up to more children • Implications and risks for having to close entire setting • Parental concern • Potential challenges of enforcing social distancing among children and young people
Other Educational Establishments (e.g. Universities, private nurseries, colleges)	• As above, but the local authority has limited influence • Also see complex residential settings
Workplaces & places of assembly	• Implications for business continuity & resilience
Places of worship	• Specific community groups e.g. a single ethnic group or geographical area may be affected • Community tensions
Complex residential settings (e.g. high-rise blocks, halls of residence, hostels, street populations)	• Residential – complex interactions • Mobile populations • Street populations – vulnerable group • Street populations – links to housing, drug and alcohol services
Community clusters	• A number of confirmed cases linked by geographical location or other similar characteristic e.g. linked to a neighbourhood or

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	community group, specific buildings, or groups with social links e.g. through language or common interest. • Interventions will depend on the common link between individuals in the cluster (e.g. all live within one building or linked by common social interaction).

3.3 Ethical issues and anticipated challenges

The Council has a Public Health duty to promote and protect the health of the local population, and in doing so may need to undertake interventions to reduce the transmission and spread of COVID-19. Some of these interventions, including social distancing measures, self-isolation, and facilitating contact tracing, may have an impact on people's privacy, liberty or freedom to make certain choices. Interventions discussed and agreed upon by the OCT should use means that are the least coercive necessary to meet important public health goals and should be proportionate to the health risk being addressed. Most people will comply with interventions without the need for further actions. However, where voluntary cooperation is not forthcoming or has failed, health protection powers should be viewed as a last resort.

Specific ethical issues and anticipated challenges relating to managing outbreaks of COVID-19 locally, include:

Ethical issues or anticipated challenges	**Mitigating actions**
Testing and tracing	
Symptomatic individuals who are refusing to be tested	• Provide public health advice and risks in a clear and simple format. • Explore whether advice needs to be conveyed in a different format (e.g. language) • Explore whether additional support is required to organise or facilitate testing
Confirmed COVID-19 positive cases who refuse to share (with the NHS Test and Trace service) personal information of people they have been in contact with	• Provide public health advice and risks in a clear and simple format. • Explore whether advice needs to be conveyed in a different format (e.g. language) • Clarify the information governance requirements around data
Individuals who have been in contact with a confirmed COVID-19 positive case refusing to comply with the NHS Test and Trace service	• Provide public health advice and risks in a clear and simple format. • Risk assessment around implications of this person not self-isolating (e.g. high-risk workplace) • Explore whether advice needs to be conveyed in a different format (e.g. language) • Explore whether additional support is required to facilitate self-isolating (e.g. food, medicines, money) • Potential use of health protection powers

People's expressed concerns about information governance and sharing personal information via the app (when available) or telephone service	• Highlight the helpline as an alternative option • Communications plan to include proactive and reactive statements around data use
Requirement to self-isolate	
Refusal to self-isolate when symptomatic, or having been in contact with a symptomatic person (this has previously been raised as an issue for looked after children, and residents of drug and alcohol facilities)	• Provide public health advice and risks in a clear and simple format. • Explore whether advice needs to be conveyed in a different format (e.g. language) • Explore whether additional support is required to facilitate self-isolating (e.g. food, medicines, money)
Inability to self-isolate when symptomatic, or having been in contact with a symptomatic person (e.g. learning disability, homeless population)	• Proactive communication with settings about how to manage this • Provide public health advice and risks in a clear and simple format. • Explore whether advice needs to be conveyed in a different format (e.g. language) • Explore whether additional support is required to facilitate self-isolating (e.g. food, medicines, money, accommodation) • Consider environmental adaption (e.g. moving case or others temporarily, shadowing or 1to1 support)
Safeguarding concerns for both children and adults, who will be less visible and have reduced contact with public services	• Discussing risk and mitigation with Adult Social Care/Children's Services • Provide clear guidance to staff on when home visits are appropriate, how to conduct these safely, and alternative options for keeping children and adults safe
Difficulty in accessing necessities such as food and medication during period of self-isolation	• Ensure support is provided by the council, or VCS, for the duration of self-isolation if there are no friends or family who are able and willing to provide support
Whole front-line teams being required to self-isolate following contact with a COVID-19 positive staff member	• Ensure a resilience plan is in place to avoid all staff having to self-isolate at once
Community engagement	
Managing tensions within a specific community (e.g. religious group, estate, cultural group)	• Ensure all diverse communities have access to public health advice and risks in a clear and simple format. • Explore whether advice needs to be conveyed in a different format (e.g. language).

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	• Communications plan to address this and engage community leaders as required. • Explore whether additional support is required to facilitate self-isolating (e.g. food, medicines, money)
Language barriers when communicating key messages about an outbreak and important information about isolation and testing	• Collate information materials in different languages so that these are readily available

Risks and mitigations for specific settings

Schools, nursery and early years settings	
School not knowing what actions to take and when - risk of schools closing unnecessarily	• Ensure regular communication from Public Health and any other relevant agencies to provide support when needed • Provide pro-active communications to explain what will happen if an outbreak happens in a school • Provide pro-active communication so that the setting knows what to do in an event of an outbreak
Staffing capacity affected by self-isolation requirements	• Ensure a resilience plan is in place to avoid all staff having to self-isolate at once • Ensuring early access to testing when staff are symptomatic
Anxiety among parents and staff	• Continue to provide clear and consistent public health advice to school staff and families if an outbreak does occur
Accessibility of information for diverse school communities	• Explore whether advice needs to be conveyed in a different format (e.g. language)
Care homes and residential settings	
Vulnerable older population	• Provide pro-active communication so that the setting knows what to do in an event of an outbreak • Ensure regular communication from Public Health and any other relevant agencies to provide support when needed
Emotional support for staff working in stress environment and experiencing bereavement	• Staff should be signposted to available Employee Assistance Programmes and mental health support where possible
Staffing capacity affected by self-isolation requirements	• Ensure a resilience plan is in place to plan for this • Staff trained and appropriately using PPE, and access to PPE supplies

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	• Advice on appropriate infection control measures to prevent transmission and spread • Ensure that staff isolate as soon as they develop symptoms and have early access to testing
Workplaces & places of assembly	
Staffing capacity affected by self-isolation requirements	• Ensure a resilience plan is in place to plan for this • Ensuring early access to testing when staff are symptomatic
Business continuity affected by self-isolation requirements	• Ensure a business continuity plan is in place
Emotional support for staff working in stress environment and experiencing bereavement	• Staff should be signposted to available Employee Assistance Programmes and mental health support where possible
Places of worship	
People coming to places of worship in times of crisis	• Ensure clear signage and communications to attendees if the place of worship is affected by an outbreak • Signpost individuals to local support services • Ensure setting is implementing procedures that facilitate social distancing and wider infection control e.g. regular cleaning, particular in high touch areas
Complex residential settings (e.g. halls of residence, hostels, street populations)	
Staffing capacity affected by self-isolation requirements	• Ensure a resilience plan is in place to mitigate impacts
Anxiety among residents and staff	• Support the setting to provide clear and consistent public health advice if an outbreak does occur
Difficulty in delivering commissioned services to residential setting groups (I.e. substance misuse)	• Ensure commissioned service providers have plans in place to adapt their services if an outbreak does occur (e.g. remote consultations, using PPE appropriately)
Community clusters	
Anxiety among community members and increasing community tensions	• Continue to provide clear and consistent public health advice and work with communities to cascade the messaging • Proactive communications around preventative measures such as social distancing and importance of self-isolation • Increase awareness around Test, track and trace
Accessibility of information for diverse communities	• Explore whether advice needs to be conveyed in a different format (e.g. language) • Use a range of communication channels and approaches

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4. STAND DOWN ARRANGEMENTS

4.1 Standing down the OCT

The Outbreak Control Team will make the decision to stand down when:

- There are no active outbreaks in the community or any settings
- There are no confirmed COVID-19 cases in the borough
- The incidence of COVID-19 regionally and nationally is low

Once the decision has been made, all relevant partners and stakeholders will be informed. More information can be found in the OCT Terms of Reference (Appendix 2).

4.2 Development and reflection

Lessons identified throughout the response need to be documented, shared and acted upon.

At the point when the OCT is stood down, a process will be set up to identify lessons learnt and any recommendations for future work. Local plans should also be reviewed and updated based on relevant lessons identified and recommendations following an outbreak as appropriate.

5. COMMUNICATIONS ARRANGEMENTS

5.1 Role of local Communications team

Proactive communications will focus on messages to ensure that residents know what NHS Test and Trace is, how to prepare for any need to self-isolate, what to do if you are asked to self-isolate, how to access support if needed, and the importance of complying with advice given.

The communications team will also support the local OCT with reactive and proactive communications to allay community concern in response to specific outbreaks and community clusters, should these be needed.

5.2 Role of the OCT

Public Health and the wider OCT are developing proactive communications for settings to ensure that commissioners, providers and other key stakeholders know about NHS Test and Trace and how it affects their setting. This includes clear guidance on what to do if there are exposures, confirmed cases or outbreaks related to these settings.

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5.3 Role of PHE

The PHE LCRC will share tailored template letters and other communications materials with Public Health to support their management of outbreaks in specific settings and community clusters.

APPENDICES

Appendix 1 - Glossary of Terms

a. **Antibody test** means the type of test that looks for the presence of antibodies (produced by people with the virus to counteract the virus) against the COVID-19 virus. These antibody tests are also referred to as serology tests and can be conducted in a laboratory or through point-of-care testing. This test is not widely available yet.
b. **Community cluster** means a number of confirmed cases linked by geographical location or other similar characteristic (e.g. linked to a neighbourhood or community group, specific buildings, or groups with social links like through language or common interest).
c. **Confirmed case** means an individual that has taken the PCR swab test and has tested positive for COVID-19, with or without symptoms.
d. **Contact tracing** means a process in which when a person tests positive for COVID-19, they are contacted to identify anyone who has had close contact with them during the time they are considered to be infectious, and these close contacts are also contacted to give them the advice they need.
e. **Incident management team (IMT)** means team convened by either LCRC to manage a high risk complex outbreak, or team convened by local authority to manage a community cluster outbreak.
f. **Incubation period** means the period from exposure to the virus to the onset of symptoms. The incubation period for COVID-19 is 5-6 days on average, however it can be up to 14 days.
g. **Infectious period** means the period in which an individual may be contagious to others.
h. **Outbreak** means two or more people that have tested positive for COVID-19, which are linked through common exposure, personal characteristics, time or location; A greater than expected rate of infection compared with the usual background rate for the particular population and period.
i. **Outbreak control team** means team convened by local authority to manage the COVID-19 pandemic.
j. **PCR swab test** means the type of test that looks for the presence of genetic material from the COVID-19 virus within a swab or saliva sample. PCR stands for polymerase chain reaction. Evidence shows that an individual can test positive on a PCR swab test for COVID-19 from 1-3 days before the onset of symptoms. The highest levels of the virus in the nose and throat are in the 3 days following the onset of symptoms. After day 5, levels of the virus are too

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low for the PCR swab test to reliably detect and infection (the test may not be valid).

k. **Possible case** means an individual that may be presenting with symptoms of COVID-19 but has not been tested or are awaiting their PCR swab test result.
l. **Self-isolation** means when an individual stays at home because they have or might have COVID-19, which helps stop the virus spreading to other people.
m. **Shielding** means extra steps taken by individuals at high risk (clinically extremely vulnerable) from COVID-19 to protect themselves.
n. **Social distancing** means individuals avoiding close contact with anyone that they do not live with.

Appendix 2 – Terms of Reference OCT

The terms of reference for the OCT will be:

- To conduct risk assessments for local outbreaks of COVID-19.
- To develop a strategy to deal with each outbreak, and allocate appropriate responsibilities based on the risk assessment.
- To communicate with other professionals, elected members, the media and the public as required, providing accurate and timely information.
- To produce a post-incident report containing debrief information and lessons and recommendations identified which could apply to further outbreaks.

Appendix 3 – Standard Operating Procedures/ Roles and responsibilities for LAs and LCRC, by setting type

The following high-risk settings have been identified as venues where outbreaks may be more likely to occur and in which local outbreak control management support would be required as directed by the LCRC.

Settings:

a) Care Homes
b) Schools and Early Years (mainstream, academies, special schools, Pupil Referral Units, independent)
c) Workplace, Employers, Manufacturer's
d) Community Clusters
e) Fire stations and other Home from Home environments (sheltered and supported living, emergency/ temporary shared accommodation)
f) Homelessness/Hostels
g) Places of Worship
h) Leisure and Entertainment Venues (bars, restaurants, leisure centres, theatres, cinemas and similar venues)
i) Day Centre's, Youth Clubs
j) Vulnerable People

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3a - Care Homes

Source of concern

- Positive test in staff or resident
- Notification from Level 2
- Symptoms of COVID-19 in a staff member of resident
- Household contacts of staff test positive or are asked to self-isolate and suspected COVID-19

Action

Care home

- Follow PHE guidelines on isolating cases
- Inform GP
- Inform LA SPoC
- Order tests for staff and residents

LCRC (*LCRC have Outbreak plans for care homes)*

- Receive notification from Tier 2
- Gather information and undertake a risk assessment with the setting
- Inform LA SPoC
- Provide advice and manage cases and contacts, testing and infection control
- Provide information materials to the setting
- Recommend ongoing control measures
- Convene IMT if required
- Link with CCG named GP/person for the home.

Local Authority

Care Home Resilience and Support Plans submitted 29th May 2020

- Prevention work and responding to enquiries including;
    - Guidance sent to all providers
    - Advanced training on infection control delivered by CCG
    - Daily telephone contact during outbreak
    - Contact Tracing (following guidance)
    - Ordering PPE for all homes via NCL. This is going over to Clipper at some point.
    - Providers to order test kits via portal
    - Any staff with symptoms are directed to test centres

- Control follow up together with CCG named person
- LA SPoC informs Adult Social Care commissioners

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- Liaise with the local CCG/ GP and other health providers in supporting the home.
- Support vulnerable contacts who are required to self-isolate
- Participate in IMT if convened by LCRC and provide further support to setting following IMT

Other

- NHS – CCG named GP/person for each Care Home links to ASC Commissioners and Public Health to follow-up re infection control, PPE, ongoing control measures.

Data and Reporting

- Total number of COVID-19 situations with principal context Care Home, by Borough
- Total number of deaths in patients with a Care Home address by local authority, confirmed and suspected COVID-19
- Number of care home testing results reported the previous day, that will be relayed to homes that day
- Graph: timeline of COVID-19 deaths in care homes (as reported to LCRC
- Graph: timeline of number of new care homes reporting suspected and confirmed COVID-19, by date of first contact with LCRC
- Number of tested individuals matched to care homes by postcodes by PHEC
- Number of tests matched to care homes by postcode by PHEC
- Number of COVID-19 cases matched to care homes over time
- Number of new care home postcodes with confirmed cases
- Age and sex distribution of COVID-19 cases matched to care homes

Comms

- Awaiting Comms Toolkit from London Councils and GLA
- This will be in key community languages and pictorial form
- Key Message is “Keep London/Borough/Place/ Families etc. Safe”

3b – Schools and Early Years

Source of concern

- Positive test in Staff or pupil
- Notification from Level 2
- Symptoms of COVID-19 in a staff member of pupil
- Household contacts of staff or pupils test positive or are asked to self-isolate

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Action

School

- Refer to school/setting risk assessment, which follows PHE guidelines on isolating cases, PPE and cleaning
- Inform LA SPoC (this can be via school/setting link officer/advisor).
- Inform parents with a pre-prepared letter/SMS (template provided by LCRC)

LCRC

- Receive notification from Tier 2
- Gather information and undertake a risk assessment with the setting
- Inform LA SPoC
- Provide advice and manage cases and contacts, testing and infection control
- Provide information materials to the setting
- Recommend ongoing control measures
- Convene IMT if required or refer to local team

Local authority

- Prevention work and respond to enquiries
- Liaison with school governors and support with communication to parents
- Support vulnerable contacts who are required to self-isolate
- Liaise with the local CCG/ GP and other health providers
- Infection control follow up
- Convene Local IMT if required
- COVID Secure risk assessments support, where relevant
- Local communications e.g. briefings for Cllrs, local press

Other

- North London STP**,** NCL CCG and Hospital if symptomatic children are attending for diagnosis/testing

Comms

- Awaiting Comms Toolkit from London Councils and GLA
- This will be in key community languages and pictorial form
- Key Message is “Keep London/Borough/Place/ Families etc. Safe”

3c – Workplace, Employers, Manufacturers

Source of concern

- Positive test in Staff

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- Notification from Level 2
- Symptoms of COVID-19 in a staff member
- Household contacts of staff test positive or are asked to self-isolate
- When App in use some staff members

Action

Business

- Follow PHE guidelines on isolating cases, PPE and cleaning
- Inform LA SPoC
- Inform staff and clients with a pre-prepared letter/SMS

LCRC

- Receive notification from Tier 2
- Gather information and undertake a risk assessment with the setting
- Inform LA SPoC
- Provide advice and manage cases and contacts, testing and infection control
- Provide information materials to the setting
- Recommend ongoing control measures
- Convene IMT if required or refer to local team

Local authority

- Prevention work and respond to enquiries
- Inspection of food premises and enforcement as necessary
- Advice and support local business affected by workforce isolation
- Communication with local community
- Liaise with the local CCG/ GP and other health providers
- Infection control follow up
- Convene Local IMT if required
- COVID Secure risk assessments support, where relevant
- Local communications e.g. briefings for Cllrs, local press

Comms

- Awaiting Comms Toolkit from London Councils and GLA
- This will be in key community languages and pictorial form
- Key Message is “Keep London/Borough/Place/ Families etc. Safe”

3d - Community Clusters

Source of concern

- A number of positive tests in a locality or a common site or activity
- Notification from Level 2

- Symptoms of COVID-19/ requests for tests from a number of people in a locality or a common site or activity

Action

HPU/Local

- Follow PHE guidelines on isolating cases, PPE and cleaning
- Inform LA SPoC

LCRC *Working on an SOP for Community Clusters*

- Receive notification from Tier 2
- Gather information and undertake a risk assessment with the setting
- Inform LA SPoC
- Provide advice and manage cases and contacts, testing and infection control
- Provide information materials to the setting
- Recommend ongoing control measures
- Convene IMT if required or refer to local team

Local authority

- Prevention work and respond to enquiries
- Communication with local community
- Determine whether a mobile or hyper-local testing unit is required
- Liaise with the local CCG/ GP and other health providers
- Infection control follow up
- Convene Local IMT if required

Comms

- Awaiting Comms Toolkit from London Councils and GLA
- This will be in key community languages and pictorial form
- Key Message is “Keep London/Borough/Place/ Families etc. Safe”

3e - Fire stations and other Home from Home environments (sheltered and supported living, emergency/ temporary shared accommodation)

Source of concern

- Positive test in Staff
- Notification from Level 2
- Symptoms of COVID-19 in a staff member
- Household contacts of staff test positive or are asked to self-isolate

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Action

Fire Service

- Follow PHE guidelines on isolating cases, PPE and cleaning
- Inform LCRC
- Inform staff and their families with a pre-prepared letter/SMS
- Inform Gold Commander

LCRC

- Receive notification from Tier 2 or fire service
- Gather information and undertake a risk assessment with the setting
- Inform LA SPoC
- Provide advice and manage cases and their families as well as contacts, testing and infection control
- Provide information materials to the setting
- Recommend ongoing control measures
- Convene IMT if required or refer to local team

Local authority

- Prevention work and respond to enquiries
- Inspection of food preparation areas and enforcement as necessary
- Communication with local community
- Liaise with the local CCG/ GP and other health providers
- Infection control follow up
- Convene Local IMT if required

Comms

- Awaiting Comms Toolkit from London Councils and GLA
- This will be in key community languages and pictorial form
- Key Message is “Keep London/Borough/Place/ Families etc. Safe”

3f - Homeless/Hostels

Source of concern

- Positive test in Staff or residents
- Notification from Level 2
- Symptoms of COVID-19 in a staff member or resident
- Household contacts of staff test positive or are asked to self-isolate

Action

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Hostels

- Follow PHE guidelines on isolating cases, PPE and cleaning
- Inform LA SPOC
- Inform staff and clients with a pre-prepared letter/SMS
- Follow locally developed SOP and risk assessment

LCRC

- Receive notification from Tier 2
- Gather information and undertake a risk assessment with the setting
- Inform LA SPoC
- Inform the Find and Treat service (if funding agreed)
- Provide advice and manage cases and contacts, testing and infection control
- Provide information materials to the setting
- Recommend ongoing infection control measures
- Share risk assessment and details from HPZone with LA
- Convene Incident Management Team (IMT) if required or refer to local team

Local authority

- Prevention work and respond to enquiries
- LA SPoC inform service commissioners
- Liaise with the local CCG/ GP and other health providers
- Liaise with GLA in their management of hotels, clarify roles to avoid duplication or gaps.
- Infection control follow up
- Provide support and ongoing management of settings
- LA to decide who may visit community venues and gather contact information and arrange testing (subject to NCL testing regime)
- Convene Local IMT if required

Other

- Links to housing, drug and alcohol services and CCG and their commissioners
- Links to GLA
- Follow up of cases and contacts if/when they leave their current accommodation, including referring to other LAs where appropriate

Comms

- Awaiting Comms Toolkit from London Councils and GLA
- This will be in key community languages and pictorial form
- Key Message is “Keep London/Borough/Place/ Families etc. Safe”

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3g- Places of Worship

Source of concern

- Positive test in Staff or congregation
- Notification from Level 2
- Symptoms of COVID-19 in a staff member
- Household contacts of staff test positive or are asked to self-isolate
- When App in use some staff members

Action

Business

- Follow PHE guidelines on isolating cases, PPE and cleaning
- Inform LA SPoC
- Inform staff and clients with a pre-prepared letter/SMS – need to prepare

LCRC

- Receive notification from Tier 2
- Gather information and undertake a risk assessment with the setting
- Inform LA SPoC
- Provide advice and manage cases and contacts, testing and infection control
- Provide information materials to the setting
- Recommend ongoing control measures
- Convene IMT if required or refer to local team

Local authority

- Prevention work and respond to enquiries
- Inspection of food premises and enforcement as necessary
- Advice and support local business affected by workforce isolation
- Communication with local community
- Liaise with the local CCG/ GP and other health providers
- Infection control follow up
- Convene Local IMT if required
- COVID-19 secure risk assessments support, where relevant
- Local communications e.g. briefings for Cllrs, local press

Comms

- Awaiting Comms Toolkit from London Councils and GLA
- This will be in key community languages and pictorial form
- Key Message is “Keep London/Borough/Place/ Families etc. Safe”

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3h- Leisure and Entertainment Venues

Source of concern

- Positive test in Staff
- Notification from Level 2
- Symptoms of COVID-19 in a staff member
- Household contacts of staff test positive or when asked to self-isolate

Action

Business

- Follow PHE guidelines on isolating cases, PPE and cleaning
- Inform LA
- Inform staff and clients with a pre-prepared letter/SMS – need to prepare

LCRC

- Receive notification from Tier 2
- Gather information and undertake a risk assessment with the setting
- Inform LA SPoC
- Provide advice and manage cases and contracts, testing and infection control
- Provide information materials to the setting
- Recommend ongoing control measures
- Convene IMT if required or refer to local team

Local authority

- Prevention work and respond to enquiries
- Inspection of food premises and enforcement as necessary
- Advice and support local business affected by workforce isolation
- Communication with local community
- Liaise with the local CCG/ GP and other health providers
- Infection control follow up
- Convene Local IMT if required
- COVID-19 secure risk assessments support, where relevant
- Local communications e.g. briefings for Cllrs, local press

Comms

- Awaiting Comms Toolkit from London Councils and GLA
- This will be in key community languages and pictorial form
- Key Message is “Keep London/Borough/Place/ Families etc. Safe”

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3i- Day centres, Youth Clubs

Source of concern

- Positive test in Staff
- Notification from Level 2
- Symptoms of COVID-19 in a staff member
- Household contacts of staff test positive or are asked to self-isolate

Action

Fire Service

- Follow PHE guidelines on isolating cases, PPE and cleaning
- Inform LCRC
- Inform staff and their families with a pre-prepared letter/SMS
- Inform Gold Commander

LCRC

- Receive notification from Tier 2 or fire service
- Gather information and undertake a risk assessment with the setting
- Inform LA SPoC
- Provide advice and manage cases and their families as well as contacts, testing and infection control
- Provide information materials to the setting
- Recommend ongoing control measures
- Convene IMT if required or refer to local team

Local authority

- Prevention work and respond to enquiries
- Inspection of food preparation areas and enforcement as necessary
- Communication with local community
- Liaise with the local CCG/ GP and other health providers
- Infection control follow up
- Convene Local IMT if required

Comms

- Awaiting Comms Toolkit from London Councils and GLA
- This will be in key community languages and pictorial form
- Key Message is “Keep London/Borough/Place/ Families etc. Safe”

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3j- Vulnerable People

LCRC ***Working on an SOP for individual residents in the community***

- Receive notification from Tier 2
- Gather information and undertake a risk assessment with the setting
- Inform LA SPoC
- Provide advice and manage cases and contacts, testing and infection control
- Provide information materials to the setting
- Recommend ongoing control measures
- Convene IMT if required or refer to local team

Local authority

- Prevention work and respond to enquiries
- Communication with local community
- Determine whether a mobile or hyper-local testing unit is required
- Liaise with the local CCG/ GP and other health providers
- Support vulnerable contacts who are required to self-isolate
- Household contacts of resident test positive or are asked to self-isolate
- Infection control follow up Convene Local IMT if required
- Local communications e.g. briefings for Cllrs, local press

Appendix 4: Legislation, National guidance and supporting plans

Legislation

- Health and Social Care Act 2012
- Public Health (Control of Disease) Act 1984
- Civil Contingencies Act 2004
- Coronavirus Act 2020

National guidance

- NHS test and trace: how it works
- NHS test and trace: workplace guidance
- Infection prevention and control
- Covid guidance and support - home page

Supporting Plans

- Joint agreement between LCRC and LAs for outbreaks and complex settings

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Appendix 5: Guidance on consent to PCR testing and refusal to PCR testing and self-isolation

Settings may experience challenges in getting service users to adhere to self-isolation if required and may experience challenges when it comes to testing for current infection (PCR tests).

Consent should be gained before administering a test. If a resident does not give consent, then a test should not be taken. To obtain consent, residents should be supported to understand the purpose of the test. Where people appear to lack capacity to consent, a mental capacity assessment should be completed and documented for this decision. If they are assessed as lacking capacity, a best interest decision needs to be made. The person who is administering the test should complete the capacity assessment and best interest decision.

When making a best interest decision, you need to consult with a family member or friend who has an interest in the resident's care. Where there is nobody appropriate to consult, an Independent Mental Capacity Advocate (IMCA) should be involved with the best interest decision. For advice on the need for an IMCA pls contact Fiana Centala (Fiana.centala@enfield.gov.uk) 0208 132 2154 or Sharon Burgess (Sharon.burgess@enfield.gov.uk) 0208 132 1854.

Whether or not the resident lacks capacity, the test should only be administered with their co-operation. It is important to consider if the test will make a difference to decision making or actions. Regardless of COVID-19 status, it is important to remember the importance of all infection prevention control precautions and correct use of PPE.

Testing is only one of many important infection prevention control measures that are used and not essential if there are particular challenges in gaining consent. In the situation where a test is not given because the person refuses (whether or not they have the capacity to consent) we recommend that those individuals are monitored more closely and frequently for signs and symptoms of COVID-19 (cough, fever, hypoxemia, anosmia) and isolated immediately if any clinical suspicion of COVID-19.

The below table provides further guidance for measures to take to support residents who are non-compliant.

	Timeline	**Measures**
1	**To enable residents to be compliant/ when first become aware of non-compliance**	• Provide the non-compliant individual with **verbal guidance** e.g. by member of staff explaining to non- compliant person about social distancing/ self-isolation/ keeping safe during pandemic. • Talk through the guidance with the individual highlighting that it is for their own safety (speak to them about being in a vulnerable group if they are) as well as others who may be more vulnerable.
2	**If above as no impact after (1-2 days)**	• **Provision of guidance in written format (if you become aware of non-compliance)** (including

		easy read, Makaton) - Provide written guidance / letter.
3	**(Consider as appropriate)**	• **Consideration of additional support** e.g. additional support package and promotion of expectations particularly on council owned land and property – for example posters, guidance newsletters etc.
4	**If 1-3 has no impact**	• **Police involvement** - police officers will take a common sense approach to maintain public support. For the general public; ○ Enhanced visibility in our communities ○ Engagement and encouragement to adhere to government direction ○ Support to local authorities in enforcing premises closure ○ Issue of fixed penalty notices where a power exists and is appropriate ○ Use of arrest powers when necessary and as a last resort In occasion of non- compliance; ○ Engage ○ Explain ○ Encourage ○ Enforce – Fixed Penalty Notice only if necessary ○ Arrest – only if absolutely necessary
5	**As and when required**	• For vulnerable people – for example rough sleepers, multi-agency working/solutions including with mental health to explore solutions via the Council's High Risk Panel.
6	**As and when required**	• **As a Landlord, when it is possible to establish a link to a particular property –** consider legal remedies including injunctions to cease non-confirming behaviour
7	**A multi-agency meeting will be held within 24 hours of receiving a referral**	• **Complete risk assessment tool (see Appendix 6).** • If all measures have been exhausted and non-compliance persists complete the risk assessment tool below and forward to (noncompliancovid@enfield.gov.uk, dudu.sher-arami@enfield.gov.uk and sharon.burgess@enfield.gov.uk). A multi-agency emergency meeting with Public Health, Social Care, Police, Housing, Legal Services, Regulatory Services will be arranged to agree actions.

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8	**As and when required**	• Consideration of options involving legal remedies available to the Local Authority. • Legal Services, Comms (Press) and Lead Member for the service area concerned to be consulted / briefed.
9	**As and when required**	• Under public health legislation, PHE has powers to test and isolate individuals in limited circumstances. However, these are very much a last resort. • If it is agreed at the multi-agency meeting that we may need to utilise legislation, we will contact Public Health England to discuss.

Appendix 6: Risk assessment and referral form for non-compliance

Details of Alleged Non-Compliant Individual(s)		
Name(s)	Date of Birth	Address

Summary of Concern
(Please provide a brief description of the event/situations/individuals this involves, what actions are causing concern, who is at risk of infection, and if there are any social or health related vulnerabilities to be aware of)
(Type of residence or setting and any support they have in place)
(What are the views and wishes of the non-compliant individual(s) as they have been expressed or understood)

Have there been any measures taken to intervene on the situation?		
☐ First instance	☐ Previous warning or instructions given	☐ Multiple attempts made
Please specific the previous unsuccessful measures put in place		

Risk of the Alleged Non-Compliant Individual(s) Involved Due to COVID-19		
Are any likely to be infectious?		
☐ No symptoms / Unlikely	☐ Has symptoms consistent with infection (e.g. cough and/or fever)	☐ Confirmed COVID-19
Low to Moderate Risk	Moderate to High Risk	High Risk

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Are any likely to be in a vulnerable group?		
Not in a vulnerable group	Vulnerable Health Group	Vulnerable Social Group
☐Not in a vulnerable group	☐ Aged 70+ years	☐ History of safeguarding concerns (please give details):
	☐ Pregnant	☐ Known or suspected mental health illness
	☐ Have an underlying health condition that requires a flu jab (see Table 1 for full list of conditions)	☐ Substance or alcohol misuse issues known or suspected
	☐ Have a serious underlying health condition requiring shielding (see Table 2 for a full list of conditions)	Concerns around: ☐ Modern slavery, ☐ Domestic violence, or ☐ Prostitution.
		☐ Homeless or ☐ Illegal encampment
		☐ Issues around verbal communication
		☐ Learning disability
		☐ Looked after child or care-leaver
		☐ Any other concerns (please describe):
Low to Moderate Risk	Moderate to High Risk	

Are there any concerns regarding their capacity?			
☐ No concerns regarding capacity	☐ Likely to have a medical or mental health condition that is affecting their ability to make decisions	☐ Minor (under age 18)	☐ Known Community Deprivation of Liberty Safeguard (DoLS) in place
	If Yes to any concerns regarding their capacity, please explain further: *(please explain here)*		

Risk of COVID-19 Infection to Others

What is the level of exposure to others?	
Please describe the settings in which the alleged non-compliant individuals have been observed:	*(List settings here)*

Based on the settings described above, try and estimate the level of potential contact/exposure to others as described below:

☐Low	☐Moderate	☐High

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This may be where there is little likelihood that the alleged individual(s) are coming within a 2-meter distance of others, or contact has been limited to 1-2 people	This may be where the alleged individual(s) have come within a 2-meter distance among a small group of 3-4 individuals	This may be where the alleged individual(s) have come within a 2-meter distance among a large number (5 or more) individuals, **or** within a largely populated setting (residency buildings, care homes, hospitals, etc)

Are any contacts likely to be in a vulnerable group?		
<u>Not in a vulnerable group</u>	<u>Vulnerable Health Group</u>	<u>Vulnerable Social Group</u>
☐ Not in a vulnerable group	☐ Aged 70+ years	☐ History of safeguarding concerns (please give details):
	☐ Pregnant	☐ Known or suspected mental health illness
	☐ Have an underlying health condition that requires a flu jab (see Table 1 for full list of conditions)	☐ Substance or alcohol misuse issues known or suspected
	☐ Have a serious underlying health condition requiring shielding (see Table 2 for a full list of conditions)	Concerns around: ☐ Modern slavery, ☐ Domestic violence, or ☐ Prostitution.
		☐ Homeless or ☐ Illegal encampment
		☐ Has issues around verbal communication
		☐ Learning disability
		☐ Looked after child or care-leaver
		☐ Any other concerns (please describe):
Low to Moderate Risk	Moderate to High Risk	

Known Outcomes and Recommended Actions

Have there been any known negative outcomes or impacts to date?
If yes, please describe in further detail:
Are there any recommended actions for the Non-Compliance Team?
If yes, then please describe in further detail :

Please Provide Your Contact Details

Name:	Job Title:	Organisation:

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Telephone:	Email:

Overall Risk Assessment (To be completed by Non-Compliance Team at LBE)			
Please fill out the risk assessment based on the information provided on this form			
Risk of Infection	☐ Low	☐ Moderate	☐ High
Risk of Exposure to Others	☐ Low	☐ Moderate	☐ High
Level of Vulnerabilities	☐ Low	☐ Moderate	☐ High
Likelihood of Persistence without Intervention	☐ Low	☐ Moderate	☐ High
Overall Risk	**☐ Low**	**☐ Moderate**	**☐ High**

Plan of Action

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